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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR Declaration
Submitted Submitted after
with Initial Filing Initial Filing

Attorney Docket Number	TSI100USA
First Named Inventor	Jeffrey Meisner
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUGMENTED REALITY TECHNOLOGY

(Title of the Invention)

the specification of which

Is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	Attached?
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/081,051	04/08/98	<input type="checkbox"/>

[Page 1 of 5]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DON'T SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

DECLARATION

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(e) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:							
Name	Registration Number	Name	Registration Number				
Joel D. Skinner, Jr. Marvin L. Beekman	33,786 38,377						
<input type="checkbox"/> Additional registered practitioner(s) named on a supplemental sheet attached hereto.							
Direct all correspondence to:							
Name	Skinner and Associates						
Address	Attn.: Marvin Beekman						
Address	619 Second St., STE. 201.						
City	Hudson	State	WI				
Country	US	Telephone	(715) 386-5800				
		Fax	(715) 386-6177				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Jeffrey	Middle Initial	Family Name				
Inventor's Signature				Date			
Residence: City	Minneapolis	State	MN	Country	USA	Citizenship	USA
Post Office Address	3113 40th Ave. S						
Post Office Address							
City	Minneapolis	State	MN	Zip	55406-2224	Country	USA
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION

ADDITIONAL INVENTOR(S)

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Walter	Middle Initial	P.	Family Name	Donnelly	Suffix e.g. Jr.	
Inventor's Signature						Date	4/6/99
Residence: City	Edina	State	MN	Country	USA	Citizenship	USA
Post Office Address	6108 Sherman Circle						
Post Office Address							
City	Edina	State	MN	Zip	55436	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Richard	Middle Initial		Family Name	Roosen	Suffix e.g. Jr.	
Inventor's Signature						Date	3/31/99
Residence: City	Minneapolis	State	MN	Country	USA	Citizenship	USA
Post Office Address	2541 Aldrich Ave. South, #2						
Post Office Address							
City	Minneapolis	State	MN	Zip	55405	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Additional inventors are being named on supplemental sheet(s) attached hereto